

## CAMPAIGN TREASURER'S REPORT SUMMARY

**(1) People for Truth and Integrity**

Name

**(2) 18851 NE 29 AVE**

Address (number and street)

AVENTURA, FL 33180

City, State, Zip Code

Check here if address has changed

**(4) Check appropriate box(es):**

Candidate Office Sought: \_\_\_\_\_

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

**(3) ID Number: 1027**

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CITY OF MIAMI, FL

**(5) Report Identifiers**

Cover Period: From 11 / 01 / 13 To 11 / 14 / 13 Report Type: R1-13

Original

Amendment

Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_, 500.00

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, 500.00

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_, 214, 377.04

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_, 193, 585.86

**(11) Certification**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) JOSE A RIESCO

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X

Signature

(Type name) JUAN-CARLOS PLANAS

Candidate  Chairperson (only for PC and PTY)

X

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name People for Truth and Integrity (2) I.D. Number 1027

(3) Cover Period 11 / 01 / 13 through 11 / 14 / 13 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		Amount
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### CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name People for Truth and Integrity (2) I.D. Number 1027  
 (3) Cover Period 11 / 01 / 13 through 11 / 14 / 13 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
11 / 14 / 13	MIAMI COALITION ECO 3900 SW 26TH ST WEST PARK, FL 33023	CONTRIBUTION	CHE		\$500.00
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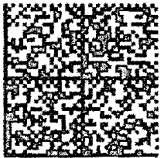
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RIESCO & COMPANY, LLC  
CPA'S & CONSULTANTS  
95 Merrick Way, Suite 250  
Coral Gables, FL 33134

**CERTIFIED MAIL**



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0000525566 NOV 15 2013  
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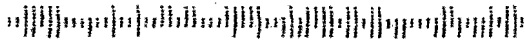
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OFFICE OF THE CITY CLERK  
CITY OF MIAMI, FL

RETURN RECEIPT  
REQUESTED

33233070808

ATTN: DWIGHT DANIE  
CITY CLERK, CITY OF MIAMI  
3500 PAN AMERICAN DRIVE  
P.O. BOX 330708  
MIAMI, FL 33233-0708



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<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:  <b>ATTN: DWIGHT DANIE CITY CLERK, CITY OF MIAMI 3500 PAN AMERICAN DRIVE P.O. BOX 330708 MIAMI, FL 33233-0708</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  <b>People for Miami RI-13</b>	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7013 0600 0002 1811 9324	